FOR INSTRUCTIONS, SEE BACK OF FORM

## **DISCLOSURE SUMMARY PAGE**

File with: lows Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Molnes, Iawa 50319 Fax; 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees. IA ETHICS AND for state office must be filed electronically and effective January 1, 2012, all PAIGN DISCLOSURE BUSINESSIGNED REPORTS and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State 2010 JAN 13 PM 2: 56

Parties must be filed electronically. Reset Form

		<u> </u>		
COMMITTEE NAME (Must be same as on Statument of On	ganization)	\	<b>.</b>	
Dunbar for Sheriff		1 1 "	ORM OR-2	DISCH 001105
IMPORTANT: Indicate by # type of committee you are reporting for (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Cendidate (6) City Car Subdivision Candidate (8) County PAC (9) City PAC (10) School 11) Local Ballot Issue	( 2 )State PAC ( 3 )State Party Ididate ( 7 )School Board or Other Political	(Re	v, 12/2009)	DISCLOSURE REPORT
CANDIDATE COMMITTEES ONLY: Candidate Name Jerry A. Dunbar	Political Party (if applicable) Republican	Sca	nned	
Office Sought Sheriff of Washington County	District (if Senate or House) County # 92	Aud	ited	<u>.</u>
Late reports are subject to possible civil and criminal penalties. For candidate's committee, and the chalrperson, for any other type of	Pursuant to Iowa Code sections 68B.32A(7 f committee, is the individual responsible	) end 68A. for filing tim	401(3), the ca ely and accur	ndidate, for a ste reports.
Mile J Van Doold SIGNATURE OF PERSON FILING REPORT	319-153-6684 TELEPHONE	4	/13 /10 DATE S	IGNED
I AM FILING A 1/01/09 - 12/31/09	REPORT FOR (1) ELECTION /	(2)NON-E	LECTION YE	AR.
(report date)	Indicate by #			
CHECK IF AMENDMENT TO REPORT DATED			ittees, enter Dr	te of Election
☐ Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is file)	N/A County & Low which Election	punty & Local Committees, enter County in sich Election is hold NLNG ON		
STATEMENT OF CASH ON HA	ND			7
CASH ON HAND at the beginning of the reporting period. ( committee. This amount MUST be the same as the of the last reporting period or must be zero if this is	Total of all funds held by the	, <b>s</b>	2,767.56	
ADD TOTAL MONEY TAKEN IN THIS PERIOD				
Schedule A: Cash Contributions total (Attach Sch	edule A) (*also see in-kind below)	·····		
Schedule F: Loans Received total (Attach Schedu	ıle F)			
Schedule H: Total Sales of Campaign Property (A	ktach Schedule H)			
(Schedule H applies to Candidates' Co	mmittees Only)			
	SUB-TOTAL	\$	2.767.56	
SUBTRACT TOTAL MONEY SPENT THIS PERI	OD O			
Schedule B: Expenditures total (Attach Schedule	B) (**aiso see debts and loans below)			
CONCERNO D. EXPONENTED COM. (I MIGGI. CONCERNO			1,334.83	
Schedule F: Loan Repayments total (Attach Sche	dule F)	********	1,334.03	
	•		1,432.73	
Schedule F: Loan Repayments total (Attach Sche CASH ON HAND at the end of this reporting period (if final	report balance must be zero)	\$		
Schedule F: Loan Repayments total (Attach Sche CASH ON HAND at the end of this reporting period (if final **UNPAID BILLS (From Schedule D - Attach Schedule D)	report balance must be zero)	\$		
Schedule F: Loan Repayments total (Attach Sche CASH ON HAND at the end of this reporting period (if final "*UNPAID BILLS (From Schedule D - Attach Schedule D). "IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule	report balance must be zero)	\$ \$		
Schedule F: Loan Repayments total (Attach Sche GASH ON HAND at the end of this reporting period (if final ***UNPAID BILLS (From Schedule D - Attach Schedule D). *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule F - Att	report balance must be zero)	\$ \$	1,432.73	NO
Schedule F: Loan Repayments total (Attach Schedule F: Loan Repayments total (Attach Schedule CASH ON HAND at the end of this reporting period (if final "*UNPAID BILLS (From Schedule D - Attach Schedule D) *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule T - Attach Schedule F - Attach Schedule T - Attach Schedule	report balance must be zero)	\$ \$		NO
Schedule F: Loan Repayments total (Attach Sche GASH ON HAND at the end of this reporting period (if final ***UNPAID BILLS (From Schedule D - Attach Schedule D). *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule F - Att	hedule F)	\$ \$	1,432.73	NO

MMITTEE NA	ME(Must be same as on Statement of Org	anization)			F	LOANS
inbar for Sho	•				(Rev. 02/08)	RECEIV & REPAI
	dule reports money loaned to the committee.  OANS FROM <u>LAST</u> REPORTING PERIC		he committee accour	nt.	CHECK 1	
RT1- MONET (Origina	ARY LOANS RECEIVED THIS REPORTI I source of loan, such as a bank, must be	ING PERIOD shown if a third party is it	nvolved. Include load	ns from candid	ate's personal (	unds.)
DATE RECEIVED (MM/DD/YR)	(Include Endorser's Name	ADDRESS OF LENDER RELATION (CANDID)		NSHIP TO (If Applicable*)	AMOUNT OF LOAN	
					\$	
					<del>                                     </del>	
	TARY LOAN REPAYMENTS MADE <u>THIS</u> forgiven must be reported on Schedule E	REPORTING PERIOD	TOTAL (PART	Ŋ	\$ <u>(</u>	<b>O</b> _
RT II - MONE (Logns DATE PAID (MM/DD/YR)	NAME AND ADDRESS C	In-kind Contributions,)	RELATION	SHIP TO	AMOUNT O	
DATE PAID	Checke E	In-kind Contributions,)		SHIP TO	AMOUNT O	EPAID
DATE PAID (MM/DD/YR)	NAME AND ADDRESS Of (Include Endorser's Name, Jerry Dunbar 2725 Trio Court	In-kind Contributions,)	RELATION CANDIDATE"	SHIP TO	AMOUNT RI	EPAID
DATE PAID (MM/DD/YR)	NAME AND ADDRESS Of (Include Endorser's Name, Jerry Dunbar 2725 Trio Court	In-kind Contributions,)	RELATION CANDIDATE"	SHIP TO	AMOUNT RI	EPAID .
DATE PAID (MM/DD/YR)	NAME AND ADDRESS Of (Include Endorser's Name, Jerry Dunbar 2725 Trio Court	In-kind Contributions,)	RELATION CANDIDATE"	SHIP TO	AMOUNT RI	EPAID
DATE PAID (MM/DD/YR)	NAME AND ADDRESS C (Include Endorser's Name, Jerry Dunbar 2725 Trio Court Washington, IA 52353	TOTAL CASH RE	Candidate (Candidate)	SHIP TO If Applicable)  Idate	AMOUNT RI	EPAID .
DATE PAID (MM/DD/YR) 1/29/09	NAME AND ADDRESS O (Include Endorser's Name, Jerry Dunbar 2725 Trio Court Washington, IA 52353	TOTAL CASH RE	RELATION CANDIDATE* ( Candidate	SHIP TO If Applicable)  Idate	* 1,334	ÉPAID